

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010354

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 032

Primary Registration District No. 4042

Registrar's No. 22

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 9 1963

| | | | |
|--|----------------------------------|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY BOLLINGER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WAYNE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LUTESVILLE | | c. CITY OR TOWN MILL SPRING | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOND NURSING HOME | | d. STREET ADDRESS (If outside, give location) MILL SPRING | |
| 3. NAME OF DECEASED (Type or print) First Middle Last NETTIE NICHOLLES | | 4. DATE OF DEATH Month Day Year MARCH 30 1963 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-4-1880 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | |
| 11. BIRTHPLACE (City and state or country) YORK PENN. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME URILUS NICHOLLES | | 13b. MOTHER'S MAIDEN NAME SUSAMA NOSS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 331X | | 17. INFORMANT Address GRACE KINDER PIEDMONT, MO. | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour a.m. p.m. 86-2 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1-73-62 | | 20f. CITY, TOWN, OR LOCATION 3-30-63 | |
| 21. I attended the deceased from Death occurred at 7-73-62 | | 21. I attended the deceased from Death occurred at 3-30-63 | |
| 22a. SIGNATURE (Degree or title) John D. Englehardt, M.D. | | 22b. ADDRESS Lutesville, Mo. | |
| 22c. DATE SIGNED 4-6-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 23b. DATE 3-31-1963 | | 23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM. | |
| 23d. LOCATION (City, town, or county) PIEDMONT | | 23e. STATE MO. | |
| 24. FUNERAL DIRECTOR GISH PIEDMONT, MO | | 25. DATE REC'D. BY LOCAL REG. 4/6/63 | |
| 26. REGISTRAR'S SIGNATURE Mr. Buford Crider | | 26. REGISTRAR'S SIGNATURE Mr. Buford Crider | |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

10090

2/11/02

3

4 1

5 0

6

7 1

8 2

9 331X

10

11

12 86-2

13 1-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by *me*, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Marvin E. Bowles*

Licensed Embalmer No. *4426*

P. O. Address *Piedmont, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.